## 24HOURS OR MORE

## EXTENDED VISITATION REQUEST

## (MUST SUBMIT TO PMO ADMIN 7 WORKING DAYS IN ADVANCE)

01 Sep 2015 **DATE** 

From:	_ Sgt	Smith,	Stev	eC_	xxxxxxxxx	PMO, H&HS	
	RANK	(NAME) LAST	FIRST	MI	DoD ID	UNIT	
To:	Provost Ma	ırshal's Office, I	Marine Cor	ng Air Station	n Twakuni		
Via:		Nousing Director,					
via.	Kintai Inn		i ci manciic	rarcy manager	, in hanager,		
	RIIICAI III.	r nanager					
Subj:	VISITATION	I REQUEST					
			Use DD/MM/YY	format			
Ref:	(a) MCASO		OSE DD/MM/11	Tormac			
1. Pe	r the refer	rences, I am a Sta	atus of Fo	rces Agreement	(SOFA) person	. I request that	
the individual(s) listed below be authorized as my guest(s) aboard the Air Station during							
the period $\frac{01 \text{ Oct } 2015}{\text{ oct } 2015}$ to $\frac{14 \text{ Oct } 2015}{\text{ oct } 2015}$ (total $\frac{14}{\text{ oct } 2015}$							
	(Day/Mo	onth/Year) (Day	y/Month/Ye	ar)	_		
My telephone numbers are 253-xxxx (WORK) 080-xxxx-xxxx (CELL PHONE).							
My ema	My email address is xxxx@xxxx.com						
Sponso	rs MUST pro	vide a copy of a	ll pages o	f a Third Cour	try National g	uest's	
		of the first pag					
guest'	s. Passpor	t copies of U.S.	and Japan	ese National q	guest's are not	required.	
** Child	ron 17 woard old	or younger traveling wi	ithout their n	ronts nood to attac	h gigned "Bermiggien	Statement"	
	R/MRS/MS)	NATIONALITY/		(PASSPORT) ALIE			
•	ddle,Last	ADDRESS/TEL#		CARD, JAPANESI HEALTH INSU. (	D/LIC, BIRTH	SHIP TO	
IS.HANAK	O IWAKUNI	JP/Iwakunishi,	Misumicho	PP#XXXXXXXXX	1JAN19		
		x-x-x/080-xxxx				LAW	
MR.TARO	OTAKE	JP/Iwakunishi,		HEALTH INS. CA	ARD 100CT2		
		x-x-x/080-xxx		XXXXXXXXXXX		CHILD	
MS.STEPH	ANIE SMITH	CANADIAN/(ADD.	&PHONE#)	PP#XXXXXXXXX	/ 1FEB19	91 FRIEND	
Submit co	opy of the front	page of unexpired	Children	17 years old or you	nger traveling without	t their parents need	
	for except Amer			signed "Permission			
REOUES	ST THIS/THE	SE GUEST(S) BE AU	THORIZED	TO STAY AT (CH	ECK APPROPRIATE	BLOCKS)	
		odging place. *H circle one of them,		t your housing nu put address or He			
MY ASSTO	GNED FAMILY	HOUSING	KINTA.	KINTAI OTHER (ADDRESS/HOTEL NAME)			
BUILD. #XXXX-XX				INN(TLF) Iwakuni-shi, Marifu-machix-x-x			
30112					z ziiz / i az z z a mo	.011211 11	
2. <b>My</b>	guest's ve	hicle license nu	mber is <mark>Ya</mark>	maquchi 580 xx	$\frac{x-xx}{x-x}$ , and the or	wner's name is	
Hanako Iwakuni .							
					Required if	driving on base	
3. As	the sponso	or of my guest(s)	, I assume	responsibilit	y for their mi	sconduct and/or	

- 3. As the sponsor of my guest(s), I assume responsibility for their misconduct and/or any damages incurred while aboard the Air Station, as well as ensuring that they properly use Air Station facilities. I will ensure that my guests are familiar with applicable military and Japanese laws governing their conduct. Further, I understand that my guests do not possess SOFA status and are personally responsible for maintaining their visa requirements.
- 4. Facility access is contingent upon MCX and DECA policy and should be addressed with each facility directly.

	Steve Smith	,	
(API	LICANT'S	SIGNATURE)	

ENDORSEMENT on1t	tr of (Date)					
From: Housing Director, Permanent Party Ma Manager (Please circle one) To: Provost Marshal's Office	anager, TLF Manager, Kintai Inn					
1. Forwarded, approved/disapproved for a total of days on a space available basis for lodging or family quarters.						
If your guest(s) will stay on base, get the signature from Lodging Office						
	SIGNATURE					
	Date					
From: Provost Marshal's Office To:						
Subj: VISITATION REQUEST						
1. Your request is approved/disapproved. Your guests must maintain a copy of thi letter plus photo identification at all times.						
	SIGNATURE					

## APPROVAL IS FOR BASE AND LODGING ACCESS ONLY.

Facility access is contingent upon MCX and DECA policy and should be addressed with each facility directly.